

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

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| Provider Organization: San Mar Children's Home, Inc. | | | | | | | | | |
| Licensing Agency: DHS Contracting Agency(s): DHS | | | | | | | | | |
| Name of Chief Admini | istrator: Bruce Anders | Email: Banderson@sanmarhome.org. | | | | | | | |
| License Type: Treatment Foster Care Type of Inspection: Quarterly | | | | | | | | | |
| Name and Address of Cl | | License | DHS | Census by Placing | License#/ | Date of site | | | |
| | | Capacity | Contract Limit | Agency | Exp. date | Inspection | | | |
| 8504 Mapleville Road | | unlimited | 50 | 35 | #00198 | 11/13/2017 | | | |
| Boonsboro, Maryland 2 | 1713 | | | | 2/1/2019 | | | | |
| Number of Records Reviewed: Youth 0 Staff 0 Foster Parent 10 Adoptive Parent 0 Number of Interviews: Youth 0 Staff 0 Foster Parent 0 CPA Office Inspection: Approved Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 0 Current COMAR Violation: Yes No X If Yes, list Cited Violation(s) below: | | | | | | | | | |
| Violation(s) | | | F | indings | | | | | |
| 07.005.02.11 A | 1/10 foster parent rece | 1/10 foster parent records did not have a copy of the home study | | | | | | | |
| 07.05.02.16 G | 1/10 foster parent rec | 1/10 foster parent records did not have a copy of the recertification home study | | | | | | | |
| 07.05.02.11 E(8) | 1/10 foster parent rec | 1/10 foster parent records did not have documentation of a child support clearance | | | | | | | |
| Corrective Action Plan: Yes No _X If yes, date of CAP: Any Violations During Mid or Re-Licensure Periods: Yes No N/A_X If Yes See Report (s) Date(s): Complaint Outcome: NA | | | | | | | | | |
| Current Status of License: Continued Licensing | | | | | | | | | |
| | nne Epps Date Richard Berger Date | | | | | | | | |
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